

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on December 23, 2003.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Work Hardening program was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 2, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- An EOB was not submitted for CPT Code 97546-WC-AP for date of service 05/15/03. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. Reimbursement is recommended in the amount of \$72.00 in accordance with the 1996 Medical Fee Guidelines.
- CPT Code 97750-FCE for dates of service 06/17/03 and 06/26/03. The insurance carrier has submitted EOBs for dates of service 06/17/03 and 06/26/03 which show payments were made with audit dates of 07/29/03 and 08/12/03 respectively. Although it appears the carrier made payment the submitted table of disputed services, received on December 23, 2003, lists the disputed CPT code as still in dispute. Therefore, per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2)(a) reimbursement in the amount of \$450.00 is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of

payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 5/18/93 through 6/26/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 30th day of September 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division
MF/mf
Enclosure: IRO Decision

May 12, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1947-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The

independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Letter of medical necessity 09/10/03; case reviews 01/21/02, 11/10/02 & 06/19/03
Evaluation/exam 07/31/02 & 04/30/03
History and exam 06/25/03; treatment notes 05/03 thru 06/03
Work hardening notes 05/06/03 thru 06/24/03; ERGOS reports 05/06/03, 06/17/03 & 06/25/03; FCE 03/01/02

Clinical History:

The claimant is a 31-year-old female who initially reported right wrist pain symptoms on _____. The records indicate she did not require emergency or exigent medical attention, in fact, this individual sought chiropractic services to the exclusion of qualified medical specialist (occupational medicine specialist and or board certified hand surgeon). She was initially evaluated by a chiropractor on 10/18/01. Her condition was stable, and maximum medical improvement was determined by a commission-appointed designated doctor on 04/30/03.

Disputed Services:

Work hardening/conditioning-initial, work hardening/conditioning-each additional hour, during the period of 05/14/03 through 06/25/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening/conditioning program in dispute was not medically necessary in this case.

Rationale:

This position is upheld\supported by:

- The employee chose a chiropractor as her treating doctor instead of choosing a qualified medical specialist in the field of orthopaedics, board certified hand specialist, or occupational medicine specialist. Chiropractic case management services (not involving the chiropractor's direct clinical skills) were not consistent with the objectives of the Texas Work Compensation's Commissions upper extremity treatment guidelines, and likely promoted 1. an inappropriately prolonged course of physical medicine services (dependence on the health care services); 2. chronicity of the worker's alleged symptoms; 3. delay in early return to work; 4. medical and therapeutic services that were not carried out in the least intense environment.
- The injured worker is entitled to all health care reasonably required by the nature of their injury as and when needed. These services must be documented as medically necessary services and supported as such, by the clinical documentation submitted by the treating doctor. Medical necessity supportive

documentation must relate how the recommended treat the diagnosis, promote recovery, or enhance the ability of the employee to return to or retain employment (rule 134.500).

- There is a paucity of objective medical literature to substantiate the relatedness of direct chiropractic services for the diagnosis of carpal tunnel syndrome and chiropractic case management services must be consistent with the objectives of the Texas Work Comp. Commission's guidelines for treatment of upper extremity injuries. As stated in the clinical history, the patient's condition was stable, and maximum medical improvement was determined on 04/30/03. In affect, the designated doctor indicated after that date, further material recovery from or lasting improvement to this individuals injury could no longer reasonably be anticipated, based upon reasonable medical probability. Not withstanding that recommendation, the treating chiropractor ordered work hardening services for the dates in question.

As indicated above, the clinical records submitted by the treating chiropractor did not substantiate the medical necessity for the services in question.